Image# 15951127416 PAGE 1 / 23

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

							Office Use O	nly
NAME OF COMMITTEE (in		PE OR PRIN		ample: If typir er the lines.	ng, type	12FE4M5		
JEFF PAC								1
ADDRESS (number an		2150 RIVER I	PLAZA DR. #150					
Check if diff	erent							
than previou reported. (A		SACRAMEN	TO			CA	95833	
2. FEC IDENTIFIC	ATION NUME	BER ▼	CITY ▲		S	STATE 🛦	ZIP	CODE ▲
C C0048911	2		3. IS THIS REPORT		NEW N) OR	AN (A	MENDED)	
4. TYPE OF REF (Choose One)	PORT	(b) Monthly Report	Feb 20 (M2) []	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Re	oorts:	Due On:	Mar 20 (M3		Jun 20 (M6)		20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	Demont (O1)		★ Apr 20 (M4)) [] ,	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
July 15	y Report (Q1)		Day E -Election	Primary (12F)	General	(12G)	Runoff (12R)
Quarterl	y Report (Q2)		oort for the:	Convention (12C)	Special ((12S)	
October Quarterl	15 y Report (Q3)							
January Year-En	31 d Report (YE)		Election on	M = M /	D D /	Y		the ate of
July 31	Mid-Year Non-election	РО	Day ST-Election	General (300	G)	Runoff (30R)	Special (30S)
	tion Report	Rep	port for the:	M = M /	D D /	Y = Y = Y = Y	in	the
(TER)			Election on					ate of
5. Covering Period	M M M	/ 01	2015	through	03	31	2015	Y
I certify that I have e	xamined this F	Report and to	o the best of my kno	owledge and I	pelief it is true	e, correct an	d complete.	
Type or Print Name of		DAVID BAUE	-					
Signature of Treasure	r <i>DAVID B</i>	AUER		[Electronically	Filed] D	ate 04	07	2015
NOTE: Submission of	false, erroneous	s, or incompl	ete information may s	ubject the pers	son signing th	is Report to t	he penalties o	f 2 U.S.C. §437g.
Office							FEC F	ORM 3X
Use Only								12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **JEFF PAC** 03 2015 03 2015 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 134866.98 January 1, 2015 (b) Cash on Hand at 136949.95 Beginning of Reporting Period..... 60805.60 40805.60 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 177755.55 195672.58 6(a) and 6(c) for Column B)..... 42001.34 59918.37 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 135754.21 135754.21 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 523.80 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

JEFF PAC

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. (Contributions (other than loans) From:	1	
(a) Individuals/Persons Other		
	Than Political Committees	5500.00	45500.00
	(i) Itemized (use Schedule A)	5500.00	15500.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	5500.00	15500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	24000.00	34000.00
(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)▶	29500.00	49500.00
2. 1	ransfers From Affiliated/Other		
F	Party Committees	11305.60	11305.60
3. <i>F</i>	III Loans Received	0.00	0.00
4. L	oan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures	7	7
	Refunds, Rebates, etc.)		
	Carry Totals to Line 37, page 5)	0.00	0.00
	Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , ,	7
t	Federal Candidates and Other		
	Political Committees	0.00	0.00
	Other Federal Receipts		
	Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds	0.00	0.00
	a) Non-Federal Account		
((from Schedule H3)	0.00	0.00
	(3.33	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
	c) Total Transfers (add 18(a) and 18(b))	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: – (a) Allocated Federal/Non-Federal	16141 11116 1 61164	Valendal Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	1024.95
(b) Other Federal Operating		
Expenditures	17001.34	32700.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	17001.34	33724.97
. Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	25000.00	26193.40
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	42001.34	59918.37
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	42001.34	58893.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	29500.00	49500.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29500.00	49500.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	17001.34	32700.02
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	17001.34	32700.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

	FOF	R LINE	NU	IMBER	:	PAGE	=	6	OF	23
Use separate schedule(s)	(che	eck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

	using the name and address of any political committee	to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) JEFF PAC					
•-	. SANTA YNEZ BAND OF MISSION IND				
Mailing Address 100 Viaduct Juana R		03 24 2015			
City	State Zip Code	Transaction ID : INCA426			
Santa Ynez	CA 93460	_ Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	5000.00			
Name of Employer	Occupation				
INDIAN TRIBE	SOVEREIGN NATION				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	5000.00				
Full Name (Last, First, Middle Initial) B. DARRELL WILSON		Date of Receipt			
Mailing Address 605 FONTAINE ST.		03 24 2015			
City	State Zip Code	Transaction ID : INCA425			
ALEXANDRIA	VA 22302	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer	Occupation				
NORFOLK SOUTHERN	EXECUTIVE				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address		M = M / D = D / Y = Y = Y			
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C				
Name of Employer	Occupation				
Receipt For:	Aggregate Year-to-Date ▼	_			
Primary General	Aggregate real to-bate ¥				
Other (specify) ▼					
SUBTOTAL of Receipts This Page (opt	ional)	5500.00			
	· · · · · · · · · · · · · · · · · · ·				
TOTAL This Period (last page this line	number only).	5500.00			

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 23 (check only one)			
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17			
Any information copied from such Reports and State or for commercial purposes, other than using the normal NAME OF COMMITTEE (In Full) JEFF PAC		erson for the purpose of soliciting contributions			
Pagaint For:	State Zip Code DC 20001 C C00089136 Occupation Aggregate Year-to-Date ▼ 5000.00	Date of Receipt 03 05 2015 Transaction ID: INCA405 Amount of Each Receipt this Period 5000.00			
Possint For:	State Zip Code MO 63125 C C00554097 Occupation Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 03 10 2015 Transaction ID: INCA421 Amount of Each Receipt this Period 2500.00			
Descript For	TFL. State Zip Code TN 38120 C C00068692 Occupation Aggregate Year-to-Date ▼ 5000.00	Date of Receipt 03			
SUBTOTAL of Receipts This Page (optional)		12500.00			
TOTAL This Period (last page this line number on	ly)				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 23 (check only one) 11a 11b X 11c 12 13 14 15 16 17			
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) JEFF PAC						
Full Name (Last, First, Middle Initial) A. BNSF RAILPAC Mailing Address P. O. BOX 961039			Date of Receipt			
	Stata	Zin Codo	03 30 2015			
City FT. WORTH	State TX	Zip Code 76161	Transaction ID : INCA432 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C co	0235739	4000.00			
Name of Employer	Occupation					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4000.00				
Full Name (Last, First, Middle Initial) B. NAT'L INDIAN GAMING ASSOC. So	OVEREIG	NTY PAC (NIGA)	Date of Receipt			
Mailing Address 224 SECOND ST. SE			03 31 2015			
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : INCA434 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		0367177	2500.00			
Name of Employer	Occupation	I				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00				
Full Name (Last, First, Middle Initial) C. UNITED FRESH PRODUCE ASS	OC FRE	SHPAC	Date of Receipt			
Mailing Address 1901 PENNSYLVANIA AVE. I		5. II 7. IS	03 31 2015			
City WASHINGTON	State DC	Zip Code 20006	Transaction ID : INCA435 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C co	0040725	5000.00			
Name of Employer	Occupation	1				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00				
SUBTOTAL of Receipts This Page (optional)			11500.00			

TOTAL This Period (last page this line number only).....

24000.00

CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 23 (check only one)			
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c X 12 13 14 15 16 17			
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)			person for the purpose of soliciting contributions be to solicit contributions from such committee.			
> JEFF PAC						
Full Name (Last, First, Middle Initial) DENHAM VICTORY FUND Mailing Address 2150 RIVER PLAZA DR.,	#150		Date of Receipt			
City	State	Zip Code	03 31 2015			
SACRAMENTO	CA	95833	Transaction ID : INCA433 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C cod	0496018	11305.60			
Name of Employer	Occupation		TRANSFER FROM JOINT FUNDRAISER			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		11305.60				
Full Name (Last, First, Middle Initial) 3. DARIUS ASSEMI			Date of Receipt			
Mailing Address 1396 W. HERNDON #101			03 12 2015			
City FRESNO	State CA	Zip Code 93711	Transaction ID : IDTA192			
FEC ID number of contributing federal political committee.	С	33111	Amount of Each Receipt this Period 5000.00			
Name of Employer GRANVILLE HOMES	Occupation BUILDER					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	[MEMO ITEM]			
Full Name (Last, First, Middle Initial)						
BENJAMIN CRANEMailing Address 5500 E. SOUTH BEAR C	DEEK DD		Date of Receipt			
	REEN DR.		03 30 2015			
City MERCED	State CA	Zip Code 95340	Transaction ID : IDTA193 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		400.00			
Name of Employer	Occupation		_			
BERT CRANE ORCHARDS	PARTNER					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	[MEMO ITEM]			
SUBTOTAL of Receipts This Page (optional	l)		11305.60			
TOTAL This Period (last page this line num						

TE	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 23 (check only one) 11a
or f	r information copied from such Reports and State commercial purposes, other than using the NAME OF COMMITTEE (In Full) JEFF PAC			
A.	Full Name (Last, First, Middle Initial) BERT CRANE, JR. Mailing Address 5500 E. SOUTH BEAR CREEK City Merced FEC ID number of contributing rederal political committee. Name of Employer BERT CRANE ORCHARDS Receipt For: Primary General Other (specify)	State CA C Occupation FARMER	Zip Code 95340 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B	Full Name (Last, First, Middle Initial) MATTHEW SWANSON Mailing Address 2205 SWAN PARK DR. City TURLOCK FEC ID number of contributing rederal political committee. Name of Employer SWANSON FARMS Receipt For: Primary General Other (specify)	State CA C Occupation FARMER Aggregate	Zip Code 95382 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State C Occupation Aggregate	Zip Code Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
SI	JBTOTAL of Receipts This Page (optional)		·····	0.00
TC	OTAL This Period (last page this line number o	nly)		11305.60

SCHEDULE B (FEC Form 3X)	Llea caparata cabadula(a)	FOR LINE NUMBER: PAGE 11 OF 2				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 2 28c 29 3		
Any information copied from such Reports and Statem						
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) JEFF PAC	ie and address of any politi	cal committee to	Solicit contributions in	om such committee.		
Full Name (Last, First, Middle Initial)			Data of Dishamous			
A. CHASE CARD SERVICES			Date of Disburseme	ent		
Mailing Address P. O. BOX 15153			03 06	2015		
,	State Zip Code DE 19886		Transaction ID : I	EXPB406		
Purpose of Disbursement CREDIT CARD PAYMENT	10000	002	Amount of Fools Di	ahanaana ah ahia Dariad		
Candidate Name		002	Amount of Each Di	sbursement this Period		
		Category/ Type		549.80		
President	nent For: Primary General Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial) B. AVIS CAR RENTAL			Date of Disburseme			
Mailing Address 1805 E. SKY HARBOR CIR. SOUT	ГН		03 / 06	2015		
PHOENIX	State Zip Code AZ 85034		Transaction ID : I	EDTB206EXPB406		
Purpose of Disbursement AUTO RENTAL		002	Amount of Each Di	sbursement this Period		
Candidate Name		Category/ Type		549.80		
	nent For: Primary General Other (specify)		[MEMO ITEM]			
Full Name (Last, First, Middle Initial) C. DIANE STONE & ASSOC.	Full Name (Last, First, Middle Initial)					
Mailing Address 10213 WHITETAIL DR.			03 / 13	2015		
OAKDALE	State Zip Code CA 95361		Transaction ID : I	EXPB422		
Purpose of Disbursement FUNDRAISING COMMISSION		003	Amount of Fook Di	sbursement this Period		
Candidate Name		Category/ Type	Amount of Each Di	980.00		
	nent For: Primary General Other (specify)	- JPC				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			7	1529.80		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) JEFF PAC Full Name (Last, First, Middle Initial) A. JASON LARRABEE Mailing Address 3204 STEPHENSON PL. NW City WASHINGTON DC 20015 Purpose of Disbursement CAMPAIGN CONSULTING Candidate Name Office Sought: House Senate President State: Disbursement For: Senate Primary General Other (specify) Tull Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Transaction ID: EXPB423 Amount of Each Disbursement this Period Office Sought: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X)	Hoo concrete sales della (s)	FOR LINE NUMBER: PAGE 12 OF 23				
Detailed Surmany Page	ITEMIZED DISBURSEMENTS		I '	y one)			
Amount of Each Disbursement CREDIT CARD PATMENT Candidate Name Office Sought: House Disbursement CREDIT CARD PATMENT CREDIT							
Amount of Each Disbursement CREDIT CARD PAINENT Candidate Name Office Sought: House Disbursement CREDIT CARD PAINENT CREDIT	Any information copied from such Reports and Statem	ents may not be sold or use	ed by any perso	n for the purpose of s	coliciting contributions		
Full Name (Last, First, Middle Initial) A. JASON LARRABEE Mailing Address 3204 STEPHENSON PL. NW City State Zip Code DC 20015 Purpose of Disbursement Dc 20015 Purpose of Disbursement For: Senate President Other (specify) ▼ State Zip Code Category/ Type Office Sought: House Disbursement For: Cardidate Name Category/ Type Office Sought: House Disbursement For: Candidate Name Candidate Name Candidate Name Category/ Type Office Sought: House Disbursement For: Candidate Name Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) C. W CURT IS DRAPER Mailing Address 4916 DELRAY AVE: City State Zip Code Category/ Type Office Sought: House Disbursement For: City State: District: Full Name (Last, First, Middle Initial) C. W CURT IS DRAPER Mailing Address 4916 DELRAY AVE: City State Zip Code MD 20814 Primpose of Disbursement State: District: Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Office Sought: Ho							
A. JASON LARRABEE Mailing Address 3204 STEPHENSON PL NW City State Zip Code Disbursement DC 20015 Purpose of Disbursement CAMPAIGN CONSULTING Candidate Name Office Sought:	I \ '						
A. JASON LARRABEE Mailing Address 3204 STEPHENSON PL NW City	/ JEFF PAC						
Mailing Address 3204 STEPHENSON PL NW City	Full Name (Last, First, Middle Initial)						
Mailing Address 3204 STEPHENSON PL. NW	A. JASON LARRABEE			Date of Disburseme	nt		
City WASHINGTON DC 20015 Purpose of Disbursement CAMPAIGN CONSULTING Candidate Name Office Sought: House President State: Disbursement For: Senate President State: Disbursement For: State Zip Code LOS ANGELES CA 90096 Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Transaction ID : EXPB423 Amount of Each Disbursement this Period Transaction ID : EXPB424 Amount of Each Disbursement Bread Primary General Other (specify) ▼ Transaction ID : EXPB424 Amount of Each Disbursement Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Transaction ID : EXPB424 Amount of Each Disbursement this Period Transaction ID : EXPB424 Amount of Each Disbursement this Period Transaction ID : EXPB424 Amount of Each Disbursement this Period Transaction ID : EXPB424 Amount of Each Disbursement this Period Transaction ID : EXPB423 Transaction ID : EXPB424 Amount of Each Disbursement this Period Transaction ID : EXPB424 Amount of Each Disbursement Disbursement Office Sought: Primary General Disbursement this Period Transaction ID : EXPB424 Amount of Each Disbursement Office Sought: Primary General Disbursement this Period Transaction ID : EXPB424 Amount of Each Disbursement Office Sought: Primary General Disbursement this Period Transaction ID : EXPB424 Amount of Each Disbursement Office Sought: Primary General Disbursement this Period Transaction ID : EXPB424 Amount of Each Disbursement Office Sought: Primary General Disbursement this Period Transaction ID : EXPB424 Amount of Each Disbursement Office Sought: Primary General Disbursement this Period Transaction ID : EXPB424 Transaction ID : EXPB424 Transaction ID : EXPB424 Amount of Each Disbursement Office Sought: Primary General Disbursement this Period Transaction ID : EXPB424 Transaction ID : EXPB424 Transaction ID :	Mailing Address COS (OTERUTNOON RI ANA						
WASHINGTON Purpose of Disbursement CREDIT CARD PAYMENT CREDIT CARD PAYMENT CREDIT CARD PAYMENT CREDIT CARD PAYMENT CONFIGURATION Senate Purpose of Disbursement CREDIT CARD PAYMENT CREDIT CARD PAYMENT CREDIT CARD PAYMENT CREDIT CARD PAYMENT Condidate Name Disbursement For: Senate Purpose of Disbursement CREDIT CARD PAYMENT CREDIT CARD PAYMENT Condidate Name Office Sought: Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS Mailing Address BOX 0001 Date of Disbursement CREDIT CARD PAYMENT CONCERNMENT CREDIT CARD PAYMENT Condidate Name Office Sought: Full Name (Last, First, Middle Initial) C. W CURTIS DRAPER Mailing Address 4916 DEL RAY AVE. City State: District: Full Name (Last, First, Middle Initial) C. W CURTIS DRAPER Mailing Address 4916 DEL RAY AVE. City State: District: Full Name (Last, First, Middle Initial) C. W CURTIS DRAPER Mailing Address 4916 DEL RAY AVE. City State: District: Full Name (Last, First, Middle Initial) C. W CURTIS DRAPER Mailing Address 4916 DEL RAY AVE. City State: District: Full Name (Last, First, Middle Initial) C. W CURTIS DRAPER Mailing Address 4916 DEL RAY AVE. City State: District: Transaction ID : EXPB424 Amount of Each Disbursement Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period Furpose of Disbursement Supplies For Fundral President Senate President Supplies For Fundral President Supplies For F	Mailing Address 3204 STEPHENSON PL. NW			03 13	2015		
WASHINGTON Purpose of Disbursement CAMPAIGN CONSULTING Candidate Name Category/ Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) CREDIT CARD PAYMENT CREDIT CARD PAYMENT Candidate Name Office Sought: House Disbursement For: Senate President Senate Primary General President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement this Period Transaction ID: EXPB424 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Transaction ID: EXPB424 Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Transaction ID: EXPB424 Amount of Each Disbursement Category/ Type Transaction ID: EXPB424 Amount of Each Disbursement Category/ Type Transaction ID: EXPB424 Amount of Each Disbursement Category/ Type Transaction ID: EXPB424 Amount of Each Disbursement Category/ Type Transaction ID: EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EXPB424 Amount of Each Disbursement this Period	City	tate Zip Code		Transaction ID . E	VDD 422		
CAMPAIGN CONSULTING Candidate Name Category/ Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS Mailing Address BOX 0001 City State Zip Code CA 90096 Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name Category/ Type Disbursement For: Senate President State: District: Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement Date of Disbursement Date of Disbursement Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement Date of		DC 20015		Transaction ID : E	APB423		
Cardidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS Mailing Address BOX 0001 City State Zip Code CA 90096 Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name Office Sought: House President State: District: City State Zip Code CA 90096 Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Date of Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement Category/ Type Transaction ID : EXPB424 Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Tr			001	Amount of Each Dis	shursement this Period		
Office Sought: House President State: District: Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS Mailing Address BOX 0001 City State Zip Code LOS ANGELES CA 90096 Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) C. W CURTIS DRAPER Mailing Address 4916 DEL RAY AVE. City State Zip Code Category/ Type Disbursement For: Disbursement Cother (specify) ▼ Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Date of Disbursement Date of Date of Date of Date of Disbursement Date of Date o	Candidate Name			7 III. Gaille Gr. 2001. 210			
Senate President State: District: Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS Mailing Address BOX 0001 City State Zip Code CA 90096 Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name Disbursement President President State: District: Full Name (Last, First, Middle Initial) C. W CURTIS DRAPER Mailing Address 4916 DEL RAY AVE. City State Zip Code Category/ Type Date of Disbursement Units Period Amount of Each Disbursement this Period 202 Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID: EXPB424 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID: EXPB424 Amount of Each Disbursement SupPLIES FOR FUNDRAISER Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID: EDTB211EXPB424					6750.00		
President District: District: District: Date of Disbursement							
State: District: Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS Mailing Address BQX 0001 City LOS ANGELES CA 90096 Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name Disbursement For: Senate President State: District: District: Date of Disbursement OCA 90096 Transaction ID: EXPB424 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Transaction ID: EXPB424 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID: EXPB424 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID: EXPB424 Amount of Each Disbursement this Period Category/ D3 17 2015 Transaction ID: EXPB424 Amount of Each Disbursement Date of Disbursement							
Mailing Address BOX 0001 City State Zip Code CA 90096 Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID : EXPB424 Amount of Each Disbursement this Period Transaction ID : EXPB424 Amount of Each Disbursement this Period Date of Disbursement Transaction ID : EXPB424 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID : EXPB424 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID : EXPB424 Amount of Each Disbursement this Period Transaction ID : EXPB424 Amount of Each Disbursement Date of Disbursement this Period Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Typ		Other (specify)					
Mailing Address BOX 0001 City State Zip Code 90096 Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name Other (specify) ▼ Category/ Type Other (specify) ▼ Transaction ID : EXPB424 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Other (specify) ▼ Date of Disbursement Other (specify) ▼ Transaction ID : EXPB424 Amount of Each Disbursement this Period Date of Disbursement Date of Disbursement Transaction ID : EXPB424 Amount of Each Disbursement this Period Date of Disbursement Other (specify) ▼ Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Transaction ID : EXPB424 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB424 Transac	Full Name (Last, First, Middle Initial)						
Mailing Address BOX 0001 State Zip Code CA 90096 Purpose of Disbursement CREDIT CARD PAYMENT O02 Category/ Type Other (specify) ▼ State District: District: Date of Disbursement O03 17 2015 O02 Category/ Type Other (specify) ▼ Other (specify) Other (specify) ▼ Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify)	B. AMERICAN EXPRESS			Date of Disburseme	nt		
City LOS ANGELES Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name Office Sought: House	Mailing Address BOV 2001						
LOS ANGELES CA 90096 Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name Office Sought: Full Name (Last, First, Middle Initial) City BETHESDA Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Candidate Name Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Disbursement For: Category/ Type Transaction ID: EXPB424 Amount of Each Disbursement Date of Disbursement Transaction ID: EXPB424 Amount of Each Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: IMEMO ITEM]	Mailing Address BOX 0001			03 17	2015		
LOS ANGELES Purpose of Disbursement CREDIT CARD PAYMENT Candidate Name Office Sought: House	,	·		Transaction ID · F	XPR424		
CREDIT CARD PAYMENT Candidate Name O02 Category/ Type Office Sought: House Senate Primary General Primary General Primary Date of Disbursement Full Name (Last, First, Middle Initial) C. W CURTIS DRAPER Mailing Address 4916 DEL RAY AVE. City State Zip Code BETHESDA MD 20814 Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Candidate Name Disbursement For: Category/ Type Office Sought: House Senate Primary General Primary General Primary General Primary General Disbursement For: Senate Primary General Primary General District: Name (Last, First, Middle Initial) Date of Disbursement Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period [MEMO ITEM]		CA 90096		Transaction is . E	5 -2-4		
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. W CURTIS DRAPER Mailing Address 4916 DEL RAY AVE. City State Zip Code BETHESDA MD 20814 Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Candidate Name Office Sought: House Primary General Other (specify) ▼ State: District: Category/ Type Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type Other (specify) ▼ State: District:			002	Amount of Each Dis	bursement this Period		
Office Sought: House Disbursement For: Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) C. W CURTIS DRAPER Mailing Address 4916 DEL RAY AVE. City State Zip Code BETHESDA MD 20814 Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Candidate Name Office Sought: House Primary General Other (specify) Senate Primary General Other (specify) MEMO ITEM] [MEMO ITEM]	Candidate Name		Category/				
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. W CURTIS DRAPER Mailing Address 4916 DEL RAY AVE. City State Zip Code BETHESDA MD 20814 Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Candidate Name Disbursement For: General Other (specify) ▼ State: District: State: District: [MEMO ITEM] [MEMO ITEM]					3262.05		
State: District: Full Name (Last, First, Middle Initial) C. W CURTIS DRAPER Mailing Address 4916 DEL RAY AVE. City BETHESDA Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type [MEMO ITEM]							
State: District: Full Name (Last, First, Middle Initial) C. W CURTIS DRAPER Mailing Address 4916 DEL RAY AVE. City BETHESDA Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Candidate Name Category/ Type Office Sought: House President State: District: Date of Disbursement Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type [MEMO ITEM]		,					
Mailing Address 4916 DEL RAY AVE. City BETHESDA Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Office Sought: House President State: Date of Disbursement Disbursement Disbursement Disbursement For: Senate Primary General Other (specify) Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period [MEMO ITEM] [MEMO ITEM]		(1), V					
Mailing Address 4916 DEL RAY AVE. City State Zip Code BETHESDA MD 20814 Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Candidate Name Office Sought: House Senate Primary General President State: District: Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period [MEMO ITEM]	,						
Mailing Address 4916 DEL RAY AVE. City BETHESDA MD 20814 Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Category/ Type Office Sought: House Senate President President State: District: District: Transaction ID: EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type [MEMO ITEM]	C. W CURTIS DRAPER			Date of Disburseme			
City BETHESDA MD 20814 Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Office Sought: House Primary General President President State: District: Transaction ID : EDTB211EXPB424 Amount of Each Disbursement this Period Category/ Type [MEMO ITEM]	Mailing Address 4916 DEL RAY AVE						
BETHESDA MD 20814 Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: House Office Sought Senate Primary General Other (specify) State: District:							
Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Amount of Each Disbursement this Period [MEMO ITEM] Amount of Each Disbursement this Period [MEMO ITEM]				Transaction ID : E	DTB211EXPB424		
SUPPLIES FOR FUNDRAISER Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Amount of Each Disbursement this Period [MEMO ITEM] Amount of Each Disbursement this Period [MEMO ITEM]		VID 20814					
Office Sought: House Senate Primary General President Other (specify) ▼ State: District: General Other (specify) ▼ Category/ Type 560.63 [MEMO ITEM]			003	Amount of Each Dis	bursement this Period		
Office Sought: House Senate Primary General Other (specify) State: District: [MEMO ITEM]	Candidate Name		Category/		560.62		
Senate Primary General Other (specify) ▼ State: District:	Office Cought	ant Fam	Туре		300.03		
State: District: Other (specify) ▼				[MEMO ITEM]			
State: District:							
SUBTOTAL of Disbursements This Page (optional)	State: District:						
SUBTOTAL of Disbursements This Page (optional)					10010.05		
	SUBTOTAL of Disbursements This Page (optional)		·····•		10012.05		
TOTAL This Period (last page this line number only)	TOTAL This Period (last page this line number only).						

ľ

SCHEDULE B (FEC Form 3X)	Han annual II- d. J. ()	FOR LINE	FOR LINE NUMBER: PAGE 13 OF 23				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	le(s) (check only one)		24 25 26			
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b			
Any information copied from such Reports and State	The may not be sold or use						
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
JEFF PAC							
Full Name (Last, First, Middle Initial)							
A. FOX RENT A CAR			Date of Disbursen	nent			
Mailing Address 780 N. MOCDONNELL RD.			M M / D D	2015			
Maining Address 700 N. MOCDONNELL RD.			03 17	2010			
City	State Zip Code		Transaction ID .	EDTB210EXPB424			
SAN FRANCISCO Purpose of Disbursement	CA 94128						
AUTO RENTAL		002	Amount of Each D	Disbursement this Period			
Candidate Name		Category/					
Office County		Type		214.86			
Office Sought: House Disburse Senate	ment For: Primary General		[MEMO ITEM]				
President	Other (specify)						
State: District:	· ·						
Full Name (Last, First, Middle Initial)							
B. INN AT SPANISH BAY			Date of Disbursem				
Mailing Address 17 MILE DR.			03 17				
City PEBBLE BEACH	State Zip Code CA 93953		Transaction ID :	EDTB209EXPB424			
Purpose of Disbursement	3.1 33333						
LÓDGING		002	Amount of Each D	Disbursement this Period			
Candidate Name		Category/		1133.50			
Office Sought: House Disburse	ment For:	Туре	[MERAO ITCA:				
Senate Signate	Primary General		[MEMO ITEM]				
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) C. RED EVENT & PROGRAM MANA	CEMENT		Date of Disbursem	nent			
RED EVENT & FROGRAM MANA	CLIVILINI		M M / D D				
Mailing Address 53 CLARK LN.			03 17	2015			
City	State Zip Code						
STAFFORD	VA 22554		Transaction ID :	EDTB208EXPB424			
Purpose of Disbursement FUNDRAISING EVENT		000					
Candidate Name	003	Amount of Each D	Disbursement this Period				
		Category/ Type		1242.00			
	ment For:		[MEMO ITEM]				
Senate	Primary General		-				
President State: District:	Other (specify) ▼						
2.00.00							
SUBTOTAL of Disbursements This Page (optional).				0.00			
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 14 OF 23				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	e(s) (check only one)					
	Detailed Summary Page	X 21b 27		24 25 26 28c 29 30b			
Any information copied from such Departs and Chat-	monto mou not be cold as						
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)	•						
) JEFF PAC							
Full Name (Leet, First Middle 1-97-1)		1					
Full Name (Last, First, Middle Initial) A. DAVID BAUER			Date of Disbursement				
			M M / D D /	YYYY			
Mailing Address 2150 RIVER PLAZA DR. #150			03 25	2015			
City	State 7in Cada						
City SACRAMENTO	State Zip Code CA 95833		Transaction ID : EXF	PB428			
Purpose of Disbursement							
ACCOUNTING SVC.		001	Amount of Each Disbu	rsement this Period			
Candidate Name		Category/		396.75			
Office Sought: House Disburse	ment For:	Туре	7	7			
Senate Senate	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)	F0		Data of Diahamanana				
B. CHASE CARDMEMBER SERVIC	E5		Date of Disbursement	Y			
Mailing Address P. O. BOX 94014			03 30	2015			
City PALATINE	State Zip Code IL 60094		Transaction ID : EXF	PB431			
Purpose of Disbursement	i= 00094						
CREDIT CARD PAYMENT		002	Amount of Each Disbu	rsement this Period			
Candidate Name		Category/		4806.38			
Office Sought: House Bishings	mont For:	Type		7000.00			
Office Sought: House Disburse Senate	ment For: Primary General						
President	Other (specify)						
State: District:	· ·						
Full Name (Last, First, Middle Initial)							
C. AMERICAN AIRLINES			Date of Disbursement				
Mailing Address DULLES AIRPORT			03 30	2015			
City	State Zip Code		Transaction ID : ED	B212EXPB431			
ARLINGTON Purpose of Disbursement	VA 22201			·• ·			
AIRFARE		002	Amount of Each Disbu	rsement this Pariod			
Candidate Name	Category/	, another of Each Disbu					
		Type		85.00			
	ment For:		[MEMO ITEM]				
Senate President	Primary General Other (specify) ▼						
State: District:	(op-on-)/ *						
SUBTOTAL of Disbursements This Page (optional).				5203.13			
		·					
TOTAL This Period (last page this line number only	′)			9-1-0-1			

ľ

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PA	GE 15	OF 23
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	e(s) (check only one)					
			Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Δ.	ny information copied from such Reports and Staten	nente mov	not he sold or use						
	for commercial purposes, other than using the nam								
	NAME OF COMMITTEE (In Full)								
$ \rangle$	JEFF PAC								
\angle	Full Name (Look First Middle Letter)			-					
Α.	Full Name (Last, First, Middle Initial) THE SHORE CLUB				Date of	f Disburs	ement		
- 41	THE SHORE CLUD				M M			YYY	Y
	Mailing Address 1901 COLLINS AVE.				03		30	2015	
	-								
	City S MIAMI	State FL	Zip Code 33139		Trans	action II	D : EDTB21	5EXPB4	31
	Purpose of Disbursement	. L	33138						
	FUNDRAISING EVENT			003	Amoun	t of Each	Disburser	nent this	Period
	Candidate Name			Category/				200	10 28
	0(5 0			Туре		- 7		306	9.28
	Office Sought: House Disbursen Senate	nent For: Primary	General		[MEMC	ITEM]			
	President	Other (spe							
	State: District:	(opo	- <i>31</i> . ♥						
	Full Name (Last, First, Middle Initial)								
В.	AMERICAN AIRLINES				Date of	f Disburs	ement		
	Mailine Address Burness Services				M = M			7 Y Y	Y
	Mailing Address DULLES AIRPORT				03		30	2015	
	City	State	Zip Code		Trans	action II	D : EDTB2	13EVDD /	121
	ARLINGTON	VA	22201		irans	auแบก II	J. ZDIBZ	ISEAPB4	13 I
	Purpose of Disbursement AIRFARE			002	Amoun	t of Each	n Disburser	nant this	Pariod
	Candidate Name				AIIIOUII	o Laci	i Dispuisel	nent tills	i enou
				Category/ Type		,		7	7 5.00
	Office Sought: House Disbursen	nent For:			[MEMC	ITEM]			
		Primary	General		_	-			
	President State: District:	Other (spe	city) 🔻						
_	Full Name (Last, First, Middle Initial)								
C.	CECCONI'S				Date of	f Disburs	ement		
					M M	/ D	D / Y	YY	Y
	Mailing Address 4385 COLLINS AVE.				03		30	2015	
	City	State	Zip Code						
	MIAMI BEACH	FL	33140		Trans	action II	D : EDTB2	14EXPB4	31
	Purpose of Disbursement								
MEALS 002				002	Amoun	t of Each	Disburser	nent this	Period
	Candidate Name			Category/				23	6.39
	Office Sought: House Disbursen	nent For		Type	FA 4 5 4 5	1777			
		Primary	General		[MEMC	IIEM]			
	President	Other (spe							
	State: District:								
Γ	<u> </u>		<u> </u>						0.05
8	SUBTOTAL of Disbursements This Page (optional)					-			0.00
_	TOTAL This Davied (last no see this Pressure)								
L	'OTAL This Period (last page this line number only)					- 1			-

CHEDULE B (FEC Form 3X) Use separate schedule(s) Use separate schedule(s) (check only one)			PAGE 16 OF 2	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 28a 28b	24 25 2 28c 29 3
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) JEFF PAC	c and address of any political	Tommittee to	SOMER COMMISSIONS IN	om such committee.
Full Name (Last, First, Middle Initial)				
A. SOUTHWEST AIRLINES			Date of Disburseme	ent
Mailing Address SACRAMENTO INT'L AIRPORT			03 30	2015
SACRAMENTO	State Zip Code CA 95838		Transaction ID : E	EDTB218EXPB431
Purpose of Disbursement AIRFARE		002	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		235.30
President	nent For: Primary General Other (specify)	Туре	[MEMO ITEM]	, , , , , , ,
State: District:				
Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES			Date of Disburseme	ent
Mailing Address SACRAMENTO INT'L AIRPORT			03 30	2015
,	State Zip Code CA 95838		Transaction ID : E	EDTB216EXPB431
Purpose of Disbursement AIRFARE		002	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		83.80
	nent For: Primary General Other (specify)	76-	[MEMO ITEM]	
Full Name (Last, First, Middle Initial) C. UNITED AIRLINES			Date of Disburseme	
Mailing Address AVIATION DR.			03 / 30	2015
STERLING	State Zip Code VA 20166		Transaction ID : E	EDTB217EXPB431
Purpose of Disbursement AIRFARE Candidate Name		002	Amount of Each Dis	sbursement this Period
		Category/ Type		200.00
	nent For: Primary General Other (specify)		[MEMO ITEM]	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				0.00

17

SCHEDULE B (FEC Form 3X)	11	FOR LINE		PAGE 17 OF	- 23
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(onlook only			
	Detailed Summary Page	X 21b	22	23 24 25	26
[. , ,	27	28a	28b 28c 29	30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)	and managed of any point				
JEFF PAC					
<u> </u>					
Full Name (Last, First, Middle Initial)					
A. UNITED AIRLINES			Date of Di	sbursement	
Mailing Address AVIATION DR.			03	30 2015	
maining radiose AVIATION DIC.			00	2010	
City	State Zip Code		Transact	ion ID : EDTB219EXPB431	
STERLING	VA 20166		ITAIISACI	1011 ID . ED 1 B2 19EXF B43 1	
Purpose of Disbursement AIRFARE		002	Amount of	Each Disbursement this Pe	ariod
Candidate Name					
		Category/ Type		523.9	90
Office Sought: House Disbursen		•	[MEMO IT	EM]	
	Primary General				
President State: District:	Other (specify)				
Full Name (Last, First, Middle Initial)					
B. DELUXE BUSINESS FORMS			Date of Di	sbursement	
DELOXE BOOM LOOT ON WIS			M = M /	D D / Y Y Y Y Y	
Mailing Address P. O. BOX 64468			03	31 2015	
011	7' 0 1				
,	State Zip Code MN 55164		Transact	ion ID : EXPB438	
Purpose of Disbursement	00101				
SUPPLIES		001	Amount of	Each Disbursement this Pe	eriod
Candidate Name		Category/		212.3	32
Office Sought: House Disbursen	aont For:	Туре		7	
	Primary General				
	Other (specify) ▼				
State: District:	•				
Full Name (Last, First, Middle Initial)					
C.			Date of Di	sbursement	
Mailing Address			M = M /	D D / Y Y Y Y Y	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
Fulpose of Disbulsement			Amount of	Each Disbursement this Pe	wie d
Candidate Name		Category/	Amount of	Each disbursement this Pe	erioa
		Type	l I		.
Office Sought: House Disbursen				,	
	Primary General				
	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				212.3	2
					#
TOTAL This Period (last page this line number only)				16957.3	0

SC	CHEDULE B (FEC Form 3X)			FOR L	INE N	UMBER:		PAG	iE 18	OF 23
ITI	EMIZED DISBURSEMENTS		parate schedule(s) h category of the	(check	only	one)				
			d Summary Page		21b 27	22	X 23 28b	24 28c	25	26
·		<u> </u>				28a				30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam									
\vdash	NAME OF COMMITTEE (In Full)	io and ac	idioco oi dily politi	<u> </u>		2011011 001	THE GREET THE			
$ \rangle$	JEFF PAC									
	JETT TAO									
	Full Name (Last, First, Middle Initial)									
A.	BOST FOR CONGRESS					Date of	Disburse	ement		
	AA 22 A A A					M = M	/ D		YYY	Y
	Mailing Address P. O. BOX 1212					03	,)9	2015	
	City 5	State	Zip Code							
	MURPHYSBORO	IL	62966			Trans	action ID	: EXPB40	9	
	Purpose of Disbursement				_					
				011		Amount	t of Each	Disbursen	ent this	Period
	Candidate Name			Category	//				100	0.00
	MIKE BOST			Туре			7		100	5.55
	Office Sought: House Disbursen									
	Senate X	Primary Other (sp	General							
	State: IL District: 12	Onioi (Sh	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Full Name (Last, First, Middle Initial)									
В.	•	SS				Date of	Disburse	ement		
		-00				M = M	/ D	D / Y	YY	Y
	Mailing Address 1006 PENDLETON ST.					03	(09	2015	
	City S ALEXANDRIA	State VA	Zip Code 22314			Trans	action IE) : EXPB41	3	
	Purpose of Disbursement	VA	22314							
				011		Amount	t of Each	Disbursen	ent this	Period
	Candidate Name			Category	1/					
	CRESENT HARDY			Type	"		-		100	0.00
	Office Sought: House Disbursen		2016							
		Primary	General							
		Other (sp	ecify) 🔻							
_	State: NV District: 04									
_	Full Name (Last, First, Middle Initial)					Date of	Disburse	ament		
Ο.	CURBELO FOR CONGRESS					M M	_		YY	V
	Mailing Address 1000 NEW JERSEY AVE SE #101	 6				03	/ D	9	2015	- Y
		-								
	•	State	Zip Code			Trans	action IF) : EXPB41	0	
		DC	20003							
	Purpose of Disbursement			011				5		.
Candidate Name				_	Amount	t of Each	Disbursen	ent this	Period	
	CARLOS CURBELO			Category Type	//	"			100	0.00
	Office Sought:	nent For:	2016	71			7	7		
	Senate	Primary	General							
	President	Other (sp	pecify) 🔻							
	State: FL District: 26									
_									200	0.00
S	UBTOTAL of Disbursements This Page (optional)						- 1		3000	0.00
_	OTAL This Deviced (Inches on the Property of t									
$\Gamma^{(i)}$	OTAL This Period (last page this line number only)									

		FOR LINE I	NUMBER: PAGE 19 OF 23
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the Detailed Summary Page	21b	22 🗶 23 24 25 26
	Botanou ourimary r ago	27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)	71		
JEFF PAC			
Full Name (Last, First, Middle Initial)			
A. DAVID VALADAO FOR CONGRE	SS		Date of Disbursement
Mailing Address 2308 MOUNT VERNON AVE. #33	37		03 09 2015
City	State Zip Code		T ID EVER 447
ALEXANDRIA	VA 22301		Transaction ID : EXPB417
Purpose of Disbursement			
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
DAVID VALADAO		Туре	
Office Sought: House Disburse Senate	ment For: 2016 Primary General		
President	Other (specify)		
State: CA District: 21	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. DOLD FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 1001 PENNSYLVANIA AVE. NW	#1300 NO		03 09 2015
City	State Zip Code		Transaction ID : EXPB411
WASHINGTON	DC 20004		Transaction ID . EX. B4TT
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Lacif Disbursement this Feriod
Canologie Name		Category/	5000.00
			5000.00
WILLIAM DOLD	ment For: 2016	Type	3000.00
WILLIAM DOLD Office Sought: House Disburse	ment For: 2016 Primary General		3000.00
WILLIAM DOLD Office Sought: House Disburse			, , , , , , , , , , , , , , , , , , , ,
WILLIAM DOLD Office Sought: House Senate Disburse	Primary General		, , , , , , , , , , , , , , , , , , , ,
WILLIAM DOLD Office Sought: House Disburse	Primary General		, , , ,
WILLIAM DOLD Office Sought: House Senate President State: IL District: 10	Primary General		Date of Disbursement
WILLIAM DOLD Office Sought: Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF FRANK GUINTA	Primary General		Date of Disbursement
WILLIAM DOLD Office Sought: Senate President State: IL District: 10 Full Name (Last, First, Middle Initial)	Primary General		Date of Disbursement
WILLIAM DOLD Office Sought: House Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF FRANK GUINTA Mailing Address 1006 PENDLETON ST.	Primary General Other (specify) ▼		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WILLIAM DOLD Office Sought: Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF FRANK GUINTA	Primary General		Date of Disbursement
WILLIAM DOLD Office Sought: House Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF FRANK GUINTA Mailing Address 1006 PENDLETON ST. City	Primary General Other (specify) ▼ State Zip Code	Type	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WILLIAM DOLD Office Sought: House Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF FRANK GUINTA Mailing Address 1006 PENDLETON ST. City ALEXANDRIA Purpose of Disbursement	Primary General Other (specify) ▼ State Zip Code		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WILLIAM DOLD Office Sought: House Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF FRANK GUINTA Mailing Address 1006 PENDLETON ST. City ALEXANDRIA Purpose of Disbursement Candidate Name	Primary General Other (specify) ▼ State Zip Code	Type 011 Category/	Date of Disbursement M M O O O O O O O O O O O O O O O O O
WILLIAM DOLD Office Sought: Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF FRANK GUINTA Mailing Address 1006 PENDLETON ST. City ALEXANDRIA Purpose of Disbursement Candidate Name FRANK GUINTA	Other (specify) State Zip Code VA 22314	Type 011	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WILLIAM DOLD Office Sought: Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF FRANK GUINTA Mailing Address 1006 PENDLETON ST. City ALEXANDRIA Purpose of Disbursement Candidate Name FRANK GUINTA Office Sought: House Disburse	Other (specify) State Zip Code VA 22314 ment For: 2016	Type 011 Category/	Date of Disbursement M M O O O O O O O O O O O O O O O O O
WILLIAM DOLD Office Sought: Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF FRANK GUINTA Mailing Address 1006 PENDLETON ST. City ALEXANDRIA Purpose of Disbursement Candidate Name FRANK GUINTA	Other (specify) State Zip Code VA 22314 ment For: 2016 Primary General	Type 011 Category/	Date of Disbursement M M O O O O O O O O O O O O O O O O O
WILLIAM DOLD Office Sought: House Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF FRANK GUINTA Mailing Address 1006 PENDLETON ST. City ALEXANDRIA Purpose of Disbursement Candidate Name FRANK GUINTA Office Sought: House Senate	Other (specify) State Zip Code VA 22314 ment For: 2016	Type 011 Category/	Date of Disbursement M M O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WILLIAM DOLD Office Sought: House Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF FRANK GUINTA Mailing Address 1006 PENDLETON ST. City ALEXANDRIA Purpose of Disbursement Candidate Name FRANK GUINTA Office Sought: House Senate President	Other (specify) State Zip Code VA 22314 ment For: 2016 Primary General	Type 011 Category/	Date of Disbursement M M O O O O O O O O O O O O O O O O O
WILLIAM DOLD Office Sought: House Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF FRANK GUINTA Mailing Address 1006 PENDLETON ST. City ALEXANDRIA Purpose of Disbursement Candidate Name FRANK GUINTA Office Sought: House Senate President	Other (specify) State Zip Code VA 22314 ment For: 2016 Primary General Other (specify) Other (specify)	O11 Category/ Type	Date of Disbursement M M O O O O O O O O O O O O O O O O O
WILLIAM DOLD Office Sought: Senate President State: IL District: 10 Full Name (Last, First, Middle Initial) C. FRIENDS OF FRANK GUINTA Mailing Address 1006 PENDLETON ST. City ALEXANDRIA Purpose of Disbursement Candidate Name FRANK GUINTA Office Sought: House Senate President State: NH District: 01	Other (specify) State Zip Code VA 22314 ment For: 2016 Primary General Other (specify) Other (specify)	O11 Category/ Type	Date of Disbursement M M / 09 / 2015 Transaction ID: EXPB412 Amount of Each Disbursement this Period 1000.00

ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 20 OF	23
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b 27	22 X 23 24 25 28 28b 28c 29	$\frac{26}{30b}$
				30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	and address of any points	ar committee to	Consideration from each committee	·-
JEFF PAC				
/ SETT TAG				
Full Name (Last, First, Middle Initial)				
A. HURD FOR CONGRESS			Date of Disbursement	
Matter Address Top of LOT Of			M = M / D = D / Y = Y = Y	1
Mailing Address 526 6TH ST. SE			03 09 2015	
City	State Zip Code			
WASHINGTON	DC 20003		Transaction ID : EXPB420	
Purpose of Disbursement				
		011	Amount of Each Disbursement this Per	riod
Candidate Name		Category/	1000.00	0
WILL HURD Office Sought:	ement For: 2016	Туре	1000.00	
Office Sought: House Disburse Senate	Primary General			
President	Other (specify)			
State: TX District: 23				
Full Name (Last, First, Middle Initial)				
B. KATKO FOR CONGRESS			Date of Disbursement	
			M = M / D = D / Y = Y = Y	1
Mailing Address P. O. BOX 133			03 09 2015	
City	State Zip Code		Transaction ID : EXPB414	
CAMILLUS	NY 13031		Handadian D 1 ZA D 111	
Purpose of Disbursement		011	Amount of Each Disbursement this Pel	riod
Candidate Name			Amount of Each Disbursement this Feb	ilou
JOHN KATKO		Category/ Type	1000.0	0
	ement For: 2016	71	· · · · · ·	
Senate	Primary General			
President	Other (specify) ▼			
State: NY District: 24				
Full Name (Last, First, Middle Initial)			Data of Bishamanani	
C. MCSALLY FOR CONGRESS			Date of Disbursement	
Mailing Address 412 SOUTH CAPITOL ST. SE S			03 09 2015	
City	State Zip Code		Transaction ID : EXPB415	
WASHINGTON	DC 20003		Transaction ib . EXT b413	
Purpose of Disbursement		011		
Candidate Name		Amount of Each Disbursement this Per	riod	
MARTHA MCSALLY		Category/ Type	1000.00	0
	ement For: 2016	1,750	7	
Senate	Primary General			
President	Other (specify) ▼			
State: AZ District: 02				
			0000 00	
SUBTOTAL of Disbursements This Page (optional)		·······•	3000.00	J
TOTAL This Deviced (least name this live would	٨			
TOTAL This Period (last page this line number onl	y)			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 21 OF 23
TEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	
	for each category of the Detailed Summary Page	21b	22 🗶 23 24 25 26
	Botanoa Gammary 1 ago	27	28a 28b 28c 29 30b
Any information copied from such Reports and State			
or for commercial purposes, other than using the na	me and address of any polit	ical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
JEFF PAC			
/			
Full Name (Last, First, Middle Initial)			Data of Diskumannant
A. POLIQUIN FOR CONGRESS			Date of Disbursement
Mailing Address 499 SOUTH CAPITOL ST. SW ST	TE 420		03 09 2015
Mailing Addites 499 SOUTH CAFITOL ST. SW ST	L 420		03 03 2013
City	State Zip Code		
WASHINGTON	DC 20003		Transaction ID : EXPB416
Purpose of Disbursement			
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
BRUCE POLIQUIN		Type	1000.00
Office Sought: House Disburse	ment For: 2016		
Senate	Primary General		
President	Other (specify) ▼		
State: ME District: 02			
Full Name (Last, First, Middle Initial)			
B. YOUNG FOR IOWA			Date of Disbursement
Mailing Address of DDD OT OF			M M / D D / Y Y Y Y
Mailing Address 217 3RD ST. SE			03 09 2015
City	State Zip Code		
only .			Transaction ID : EXPB418
WASHINGTON	DC 20003		
WASHINGTON Purpose of Disbursement	DC 20003		
	DC 20003	011	Amount of Each Disbursement this Period
	DC 20003		
Purpose of Disbursement	DC 20003	011 Category/ Type	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name DAVID YOUNG Office Sought: House Disburse	ment For: 2016	Category/	
Purpose of Disbursement Candidate Name DAVID YOUNG Office Sought: House Disburse	ment For: 2016	Category/	
Purpose of Disbursement Candidate Name DAVID YOUNG Office Sought: House Senate President President	ment For: 2016	Category/	
Candidate Name DAVID YOUNG Office Sought: House Disburse	ment For: 2016	Category/	
Purpose of Disbursement Candidate Name DAVID YOUNG Office Sought: House Disburse	ment For: 2016	Category/	1000.00
Candidate Name DAVID YOUNG Office Sought: House Disburse	ment For: 2016	Category/	
Purpose of Disbursement Candidate Name DAVID YOUNG Office Sought: House Senate President State: IA District: 03 Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS	ment For: 2016 Primary General Other (specify) ▼	Category/	Date of Disbursement
Purpose of Disbursement Candidate Name DAVID YOUNG Office Sought: House Disburse	ment For: 2016 Primary General Other (specify) ▼	Category/	Date of Disbursement
Candidate Name DAVID YOUNG Office Sought: State: IA District: 03 Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS Mailing Address 412 SOUTH CAPITOL ST. SE ST	ment For: 2016 Primary General Other (specify)	Category/	Date of Disbursement
Purpose of Disbursement Candidate Name DAVID YOUNG Office Sought: House Senate President State: IA District: 03 Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS	ment For: 2016 Primary General Other (specify) ▼	Category/	Date of Disbursement
Candidate Name DAVID YOUNG Office Sought: State: IA District: 03 Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS Mailing Address 412 SOUTH CAPITOL ST. SE ST	ment For: 2016 Primary General Other (specify) E B State Zip Code	Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Candidate Name DAVID YOUNG Office Sought: Senate President State: IA District: 03 Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS Mailing Address 412 SOUTH CAPITOL ST. SE ST City WASHINGTON	ment For: 2016 Primary General Other (specify) E B State Zip Code	Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Candidate Name DAVID YOUNG Office Sought: Senate President State: IA District: 03 Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS Mailing Address 412 SOUTH CAPITOL ST. SE ST City WASHINGTON Purpose of Disbursement Candidate Name	ment For: 2016 Primary General Other (specify) E B State Zip Code	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Candidate Name DAVID YOUNG Office Sought: Senate President State: IA District: 03 Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS Mailing Address 412 SOUTH CAPITOL ST. SE ST City WASHINGTON Purpose of Disbursement	ment For: 2016 Primary General Other (specify) E B State Zip Code	Category/ Type	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name DAVID YOUNG Office Sought: State: IA District: 03 Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS Mailing Address 412 SOUTH CAPITOL ST. SE ST City WASHINGTON Purpose of Disbursement Candidate Name LEE ZELDIN	ment For: 2016 Primary General Other (specify) E B State Zip Code	Category/ Type 011 Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name DAVID YOUNG Office Sought: State: IA District: 03 Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS Mailing Address 412 SOUTH CAPITOL ST. SE ST City WASHINGTON Purpose of Disbursement Candidate Name LEE ZELDIN Office Sought: House Senate Disburse Senate	ment For: 2016 Primary General Other (specify) E B State Zip Code DC 20003 ment For: 2016 Primary General	Category/ Type 011 Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Candidate Name DAVID YOUNG Office Sought: Senate President State: IA District: 03 Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS Mailing Address 412 SOUTH CAPITOL ST. SE ST City WASHINGTON Purpose of Disbursement Candidate Name LEE ZELDIN Office Sought: House Senate President Disburse	ment For: 2016 Primary General Other (specify) E B State Zip Code DC 20003	Category/ Type 011 Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name DAVID YOUNG Office Sought: State: IA District: 03 Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS Mailing Address 412 SOUTH CAPITOL ST. SE ST City WASHINGTON Purpose of Disbursement Candidate Name LEE ZELDIN Office Sought: House Senate Disburse Senate	ment For: 2016 Primary General Other (specify) E B State Zip Code DC 20003 ment For: 2016 Primary General	Category/ Type 011 Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Candidate Name DAVID YOUNG Office Sought: State: IA District: 03 Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS Mailing Address 412 SOUTH CAPITOL ST. SE ST City WASHINGTON Purpose of Disbursement Candidate Name LEE ZELDIN Office Sought: House Senate President State: NY District: 01	ment For: 2016 Primary General Other (specify) E B State Zip Code DC 20003 ment For: 2016 Primary General Other (specify) Other (specify)	Category/ Type 011 Category/ Type	Date of Disbursement M M / P P P / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Candidate Name DAVID YOUNG Office Sought: Senate President State: IA District: 03 Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS Mailing Address 412 SOUTH CAPITOL ST. SE ST City WASHINGTON Purpose of Disbursement Candidate Name LEE ZELDIN Office Sought: House Senate President Disburse	ment For: 2016 Primary General Other (specify) E B State Zip Code DC 20003 ment For: 2016 Primary General Other (specify) Other (specify)	Category/ Type 011 Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Candidate Name DAVID YOUNG Office Sought: State: IA District: 03 Full Name (Last, First, Middle Initial) C. ZELDIN FOR CONGRESS Mailing Address 412 SOUTH CAPITOL ST. SE ST City WASHINGTON Purpose of Disbursement Candidate Name LEE ZELDIN Office Sought: House Senate President State: NY District: 01	ment For: 2016 Primary General Other (specify) E B State Zip Code DC 20003 ment For: 2016 Primary General Other (specify) Other (specify)	Category/ Type 011 Category/ Type	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

for each category of the Detailed Summary Page 21b 22 X 23 24 25 2			PAGE 22 OF 23		
Detailed Summary Page	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	I ' — '	,	
and commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) JEFF PAC Full Name (Last, First, Middle Initial) Candidate Name Candidate Name City State: Th District: Category! Full Name (Last, First, Middle Initial) Mailing Address City State: Disbursement District: Category! Full Name (Last, First, Middle Initial) Date of Disbursement Category! Transaction ID: EXPB430 Amount of Each Disbursement this Period Category! Type District: Category! Full Name (Last, First, Middle Initial) Date of Disbursement Category! Full Name (Last, First, Middle Initial) Date of Disbursement Category! Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category! Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category! Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category! Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category! Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category! Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category! Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category! Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category! Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category! Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category! Type Category! Amount of Each Disbursement this Period Category! Type Category! Category! Type Category!					
JEFF PAC Full Name (Last, First, Middle Initial) FRIENDS OF SCOTT DESJARLAIS Mailing Address P. O. BOX 90133 City State TN 37209 Purpose of Disbursement Candidate Name City State: TN District: District: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Other (specify) Tanasaction ID: EXPB430 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Disbursement Date of Disbursement this Period Category/ Type District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type District: District: District: District: District: District: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement Candidate Name Candidate Name Category/ Diffice Sought: House Senate President Disbursement For: Senate President Disbursement Category/ Category/ Type Amount of Each Disbursement this Period Category/ Category/ Category/ Category/ Category/ Type Amount of Each Disbursement this Period Category/					
Mailing Address P. O. BOX 90133 City	` '				
Mailing Address City State Zip Code TN 37209 Purpose of Disbursement Candidate Name Category/ Type Disbursement Candidate Name Category/ Type Disbursement Category/ Type Transaction ID : EXPB430 Amount of Each Disbursement this Period Category/ Type Transaction ID : EXPB430 Amount of Each Disbursement this Period Category/ Type Date of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General President President District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date	Full Name (Last, First, Middle Initial)				
City State Zip Code Transaction ID: EXPB430 Amount of Each Disbursement this Period Category/ Type Collice Sought: House Senate President State: TN District: 04 Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Category/ Type Cother (specify) ▼ Category/ Type Category/ Type Disbursement For: 2016 Senate President State Zip Code Purpose of Disbursement Candidate Name Category/ Type Category/	FRIENDS OF SCOTT DESJARLAI	S			
NASHVILLE Purpose of Disbursement Candidate Name SCOTT DESJARLAIS Office Sought: House Senate President State: TN District: 04 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement Category/ Type Office Sought: House Senate President Disbursement For: General Primary General President District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Category/ Type District: Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement Date of Disbursement this Period Amount of Each Disbursement Category/ Type Date of Disbursement this Period Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Primary General Primary General Primary General Primary General Other (specify) Senate President Disbursement For: Senate Primary General Other (specify) Senate Primary General Other (specify) Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) Senate Primary General Other (specify) Category/ Type Category/ T	Mailing Address P. O. BOX 90133			03 26	2015
Candidate Name SCOTT DESJARLAIS Office Sought:				Transaction ID	: EXPB430
SCOTT DESJARLAIS Office Sought: House Primary Other (specify) Other (specify) Primary Other (specify) Other (Purpose of Disbursement		011	Amount of Each I	Disbursement this Period
Office Sought: House Senate President State: TN District: 04 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Other (specify) Senate President Other (specify) Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Office Sought: House Disbursement For: General Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Disbursement Category/ Type Office Sought: House Senate President Other (specify) Office Sought: House Senate President Other (specify) Office Sought: House Senate Primary General Category/ Type Office Sought: House Senate Primary General Other (specify) Office Sought: House Senate Primary General Other (specify) Office Sought: House Senate President Other (specify) Office Sought: House Senate President Disbursement For: Senate President District:					5000.00
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) Senate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Candidate Name Office Sought: House Primary General Other (specify) Office Sought: President Disbursement For: Senate Primary General Other (specify) Office Sought: Disbursement For: Senate Primary General Other (specify) Other (specify) Other (specify) Other (specify) Type	Senate	Primary General	,,		·
Date of Disbursement Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement this Period Category/ Type Date of Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement Category/ Type Office Sought: House Disbursement For: Senate President State: District: State: District: Primary General Other (specify) ▼	• • • • • • • • • • • • • • • • • • • •				
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/Type Office Sought: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Primary General Other (specify) ▼ State: District: Primary General Other (specify) ▼	,				
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name Candidate Name Disbursement For: Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Disbursement For: Senate Primary General Other (specify) Type Office Sought: House Senate Primary General Other (specify) State: District:	Mailing Address			M M / D M	D / Y Y Y Y Y
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District:	City	State Zip Code			
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: House Primary General Other (specify) State: District: Disbursement For: General Other (specify) Office Sought: House Primary General Other (specify) State: District:	Purpose of Disbursement			Amount of Each I	Disbursement this Period
Office Sought:	Candidate Name				
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Date of Disbursement Amount of Each Disbursement this Period General Other (specify) Total Category Type Type Total Category Total Category Total Category	Senate President	Primary General	Турс		
Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) ▼ State: District:					
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District:	•				
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Amount of Each Disbursement this Period Category/ Type	Mailing Address				
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Amount of Each Disbursement this Period	City	State Zip Code			
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District:	Purpose of Disbursement				
Office Sought: House Senate Primary General Other (specify) ▼ State: District:	Candidate Name		Category/ Type		
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General		7	7
SUBTUTAL OF DISpursements This Page (optional)	CURTOTAL of Dishuronments This Dane (authors)				5000.00
	SUBTUTAL of Dispursements This Page (optional)		······	7	3300.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 23 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

23

NAME OF COMMITTEE (In Full) JEFF PAC		
A. Full Name (Last, First, Middle Initial CHASE CARDMEMBER	Nature of Debt (Purpose): TRAVEL FOR DEMAIO	
Mailing Address P. O. BOX 94014		-
City State PALATINE	Zip Code IL 60094	_
Outstanding Balance Beginning This		Transaction ID : PAYD368
523.		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.	0.00	523.80
B. Full Name (Last, First, Middle Initial)	of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address		_
City State	Zip Code	_
Outstanding Balance Beginning This		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial	I) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address		_
City	State Zip Code	-
Outstanding Balance Beginning This	Period	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
7		
1) SUBTOTALS This Period This Page (o	optional)	523.80
2) TOTALS This Period (last page this lin	ne number only)	523.80
3) TOTAL OUTSTANDING LOANS from	Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to a	ppropriate line of Summary Page (last page only) ▶	523.80